ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | | DATE |
|---|---|---|---|---|
| FEE DETERMINATION | | | | |
| O.I.P.E. CLASSIFIER | | | | |
| FORMALITY REVIEW | | 60362 | | |
| RESPONSE FORMALITY REVIEW | | " | | |

## INDEX OF CLAIMS

| | | | | |
|---|---|---|---|---|
| ✔ | ................................. Rejected | N | ................................. Non-elected |
| = | ................................. Allowed | I | ................................. Interference |
| − | (Through numeral)... Canceled | A | ................................. Appeal |
| ÷ | ................................. Restricted | O | ................................. Objected |



If more than 150 claims or 10 actions
staple additional sh t here

(LEFT INSIDE)